FEC

Only

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STATEMENT OF **ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Greene for Congress 3 Central Plaza ADDRESS (number and street) No. 142 (Check if address is changed) Rome 30161 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mtgreene74@gmail.com (Check if address is changed) Optional Second E-Mail Address |greene@rtastrategy.com COMMITTEE'S WEB PAGE ADDRESS (URL) greene2020.com (Check if address is changed) DATE 2020 C00708289 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Boles, Jason, D,, Type or Print Name of Treasurer Boles, Jason, D,, [Electronically Filed] 16 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EEO F	1 (Rayised 02/2009)	Page 2
	COMMITTEE	Page 2
Candidat	e Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below.	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate	Greene, Marjorie, Taylor, Mrs.,	
Candidate Party Affilia	tion REP Office Sought: House Senate President	State GA District 14
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name		
Greene for Con	<u> </u>	
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
MARJORIE TAYLOR	GREENE'S PEOPLE OVER POLITICIANS COMMIT	TEE
Mailing Address	PO BOX 1575	
	ROSWELL GA CITY STATE	30077
Relationship: Connected	CITY STATE I Organization Affiliated Committee Joint Fundraising Representative	_
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the pers	son in possession of committee
Boles, Jase	on, D, ,	
Full Name	PO Box 1483	
Mailing Address		
	Roswell	30077
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	0 - 330 - 6185
s. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; an issistant treasurer).	nd the name and address of
Full Name Boles, Jaso	on, D, ,	
Mailing Address	PO Box 1483	
		30077
Title or Position Treasurer	CITY STATE 770 Telephone number	ZIP CODE 330 - 6185

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Full Name of Designated	Ross, Derek, , ,	
Agent		
Mailing Address	300 Independence Avenue SE	
	Washington DC 20002	
	CITY STATE Z	ZIP CODE
Title or Position Attorney In Fact		37
	Depositories: List all banks or other depositories in which the committee deposits funds, holds xes or maintains funds. Depository, etc. ServisFirst Bank	
Mailing Address	300 Galleria Parkway SE	
	Suite 350	
	Atlanta GA 30339	
	CITY STATE Z	ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY STATE Z	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1		FFC ID mumbar	
2		FEC ID number	C
۷.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	d Organization, Affiliated Committee, Joint Funda		e, or Leadership PAC Spons
Mailing Address	PO BOX 1575		
	ROSWELL	GA L	30077
		STATE ▲ t Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Connect			
Connect Designated Agent: Ident	ed Organization Affiliated Committee X Joint		
Connect Pesignated Agent: Ident Full Name	ed Organization Affiliated Committee X Joint		
Pesignated Agent: Ident Full Name Mailing Address	ed Organization Affiliated Committee Joint Joint ify by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint Joint ify by name, address (phone number – optional)		

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	413 SHORTER AVENUE		
3	SUITE 103		
	ROME	GA	30165
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	fy by name, address (phone number – optional)	nt Fundraising Representa	tive Leadership PAC Sp
			Leadership TAO O
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and process o	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A